

LCHG Partnership Plan 2026 - 2030



Caring and building a
healthier future for all

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Our Partnership Plan

Working together for better health and care

Why partnership working matters

The health and wellbeing needs of people across Lincolnshire are changing. Our population is growing older, many people live with multiple long-term conditions, and some communities experience poorer health outcomes than others.

No single organisation can address these challenges alone. By working together with local communities, NHS organisations, local authorities, voluntary and community organisations, education providers and other partners, we can provide more joined-up care, improve health outcomes and make the best use of public resources.

Our commitment

Lincolnshire Community and Hospitals NHS Group (LCHG) brings together community and hospital services with a shared ambition of delivering our strategic aims and objectives below.

Partnership working is central to achieving these ambitions. We are committed to working openly and collaboratively with partners and local people to design and deliver services that are responsive, sustainable and focused on what matters most to our communities.

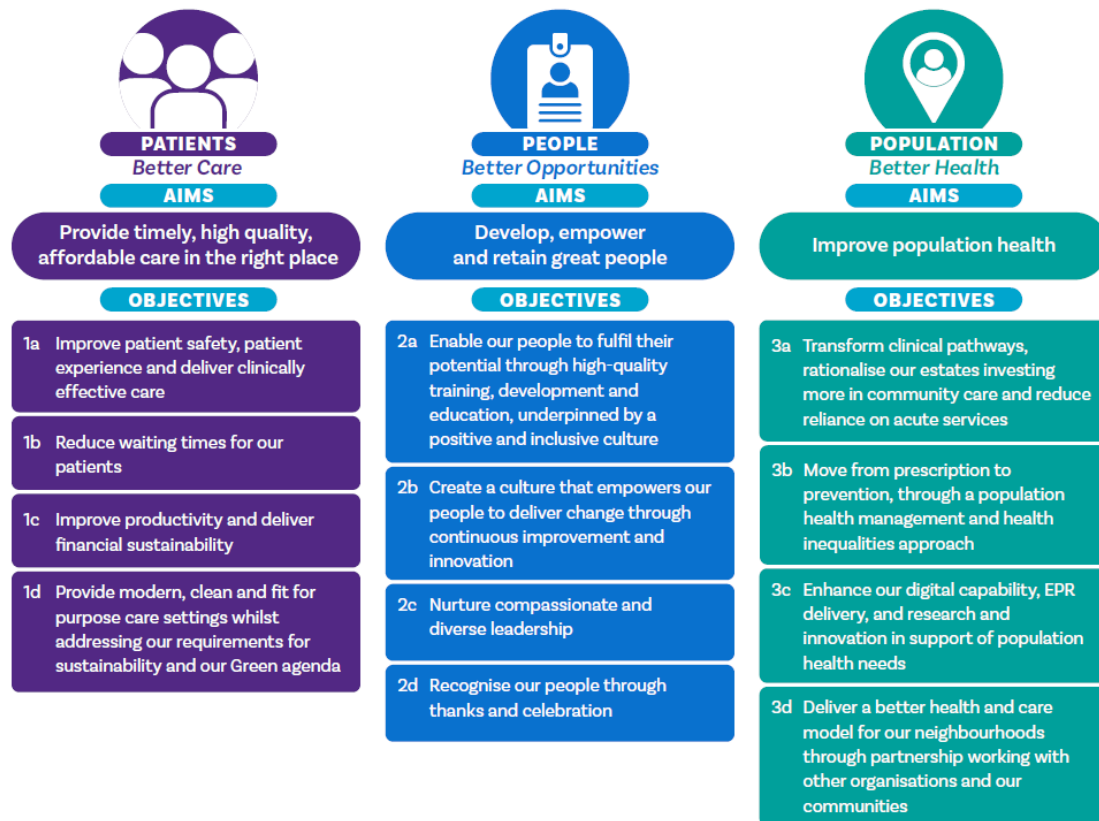


Figure 1: LCHG Strategic Aims and Objectives

Understanding Lincolnshire

Lincolnshire is one of England's largest counties, covering extensive rural, coastal and urban communities. People living in different parts of the county experience different health challenges and levels of access to services.

Our approach is focused on reducing health inequalities, improving access to care, supporting prevention and helping people stay healthy and independent for longer. Care will increasingly be designed around neighbourhoods and communities, bringing services closer to people's homes wherever possible.

Working with our partners

We work alongside a wide range of organisations and groups to improve health and wellbeing across Lincolnshire, including:

- Other NHS providers and primary care services
- Lincolnshire County Council and local authority services

- Voluntary, community, faith and social enterprise organisations
- Universities and education providers
- Research and innovation organisations
- Local communities and people with lived experience

Together, we aim to create services that are better connected, easier to access and more focused on prevention and early support.

What we want to achieve

Through our partnerships we will:

- Improve health outcomes and reduce inequalities.
- Support more care to be delivered closer to home.
- Strengthen neighbourhood and community-based services.
- Develop and support a skilled and sustainable workforce.
- Encourage innovation, research and digital transformation.
- Improve environmental sustainability and social value.
- Support local communities, businesses and the wider economy.

Everything we do is focused on improving the experience of patients, supporting our people and creating healthier communities across Lincolnshire.

Our priorities for 2026-2030

This Partnership Plan is built around seven priorities that will guide our work over the next five years:

1. Strengthening neighbourhood and community partnerships to support care closer to home.
2. Improving the sustainability and resilience of services through collaboration.
3. Developing our workforce through education, research, innovation and estates partnerships.
4. Expanding digital and emerging technology partnerships.
5. Building strategic partnerships that generate additional value, innovation and sustainable reinvestment into NHS services.

6. Delivering our anchor institution and environmental sustainability commitments.
7. Maximising opportunities through the East Midlands Acute Provider partnership.

The following pages describe each priority in more detail, including what we will do, who we will work with and how success will be measured.

1. Strengthen Neighbourhoods & Community Partnerships to Deliver Hospital to Community Shift

Purpose:

To work with system partners to shift care closer to home by strengthening neighbourhood-level collaboration, redesigning pathways, and developing integrated models that reduce avoidable hospital activity while improving patient experience and outcomes.

What we will do

- Integrated Neighbourhood Delivery – embed INT's with shared risk, governance and performance arrangements, test and scale urgent neighbourhood service models, develop and implement neighbourhood health contract models e.g. lead provider, IHO
- Pathway and Model Redesign – support left-shifted care including virtual wards, joint budgets and shared clinical leadership, strengthen primary-community-secondary care interfaces to improve flow and reduce fragmentation
- Estates and Enablers – explore integrated neighbourhood estate solutions including local hubs and expanded use of CDC's, align procurement and commissioning models to support innovation, flexibility and value
- Communities and Prevention – partner with the VSFCE sector to support resilient communities, prevention and self care, collaborate on public health priorities aligned to neighbourhood health

Key Partners

- Primary Care networks, General Practice and wider primary care,
- Acute providers, wider NHS Partners, ICB, Health and Wellbeing Board and ICS/ICP partners
- Adult social care and Public Health
- Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations

What Success Looks Like (Expected Outcomes)

- Primary Care networks, General Practice and wider primary care,
- Acute providers, wider NHS Partners, ICB, Health and Wellbeing Board and ICS/ICP partners
- Adult social care and Public Health
- Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations

Leadership and Alignment

- Executive Lead: Group Chief Integration Officer & Group Chief of Estates & Facilities
- Strategic Objectives Supported: 1a, 1b, 1d, 3a, 3b
- Partnership Principles: Population Health & Equity, Sustainability and Value, Personalisation & Empowerment, Commercial & Economic Value

2. Improved Sustainability of Services through Collaboration

Purpose:

To improve the sustainability and resilience of clinical services by working with system partners to identify, mitigate and reduce service fragility, ensuring safe, high-quality and continuous care for patients.

What we will do

- Manage Fragility and Risk – implement the Sustainable Services review (SSR) framework across the Group, refresh fragility assessments and develop targeted action plans
- Collaborative Solutions – develop shared clinical pathways and services models across the EMAP footprint
- Oversight and Visibility – Improve organisational and system wide visibility of fragile services and ensure fragility and sustainability considerations are embedded within continuous planning

Key Partners

- EMAP provider organisations
- ICB
- Primary Care networks and General Practice
- Lincolnshire County Council and system partners

What Success Looks Like (Expected Outcomes)

- Reduced service fragility and clinical risk
- Improved continuity of care and access to services
- Improved staff moral and retention in fragile services
- Clear system understanding of sustainability risks and mitigation plans

Leadership and Alignment

- Executive Lead: Group Chief Integration Officer & Group Chief Operating Officer
- Strategic Objectives Supported: 1a, 1c, 3a
- Partnership Principles: Population Health & Equity, Sustainability and Value

3. Working with partners to develop our workforce through education, research and innovation, and estates partnerships

Purpose:

To develop a resilient, skilled and future-ready workforce by working with system, academic and industry partners across education, research, innovation and estates.

What we will do

- Workforce Supply and Development – develop shared workforce models, joint roles and rotational posts, expand entry level and early career routes
- Health, Wellbeing and retention – work collaboratively to expand support for staff
- Promote healthier, more resilient workforces across partner organisations
- Research & innovation – Build capability and partnerships to support research readiness and growth in R&I activity, strengthen engagement with higher education to develop clinical academics
- Estates – address critical workforce risks within estates and facilities, including recruitment

Key Partners

- Schools, FE and HE providers (including University of Lincoln)
- Health Innovation East Midlands and research networks
- Industry and commercial partners
- Local and national workforce, skills and training bodies
- EMAP and NHS system partners

What Success Looks Like (Expected Outcomes)

- Improved recruitment, retention and vacancy rates
- Increased participation in joint training and education programmes
- Growth in research activity, funding and clinical academic roles
- Improved staff wellbeing and reduced sickness absence
- Improved workforce sustainability in E&F

Leadership and Alignment

- Executive Lead: Group Chief People Officer, Integration Officer, Group Chief Medical Officer, Group Chief of Estates and Facilities
- Strategic Objectives Supported: 2a, 2b, 3c, 3d
- Partnership Principles: Workforce & Capability, Innovation & Research, Sustainability and Value

4. Amplifying our impact through Digital and Emerging Technology Partnerships

Purpose:

To work with partners to harness digital innovation and emerging technologies to improve access, quality, productivity and patient experience, while reducing digital exclusion.

What we will do

- Digital Transformation – expand use of remote monitoring, virtual care and AI enabled solutions, align digital transformation with system wide priorities and the EMAP Digital & data Collaborative
- Innovation & data – scope the development of an Innovation Hub with academia, technology and voluntary sector partners, support safe and ethical use of anonymised data for research and innovation
- Inclusion and Access – ensure digital solutions are accessible and inclusive, with targeted support for those at risk of digital exclusion

Key Partners

- NHS Trusts and system partners
- Universities and research institutions
- Technology and industry partners
- Primary care, VCFSE organisations and communities

What Success Looks Like (Expected Outcomes)

- Improved digital maturity and capability
- Improved access, choice and patient experience
- Reduced digital exclusion
- Attraction of high-quality innovation and commercial partners
- Sustainable digital solutions that support environmental goals

Leadership and Alignment

- Executive Lead: Group Chief Integration Officer
- Strategic Objectives supported: 1c, 2b, 3c
- Partnership principles: Innovation & Research, Population Health & Equity, Sustainability and Value

5. Building Strategic Partnerships that Generate Additional Value, Innovation, and Sustainable Investment into NHS Services

Purpose:

To strengthen financial sustainability by developing commercial partnerships, income-generating opportunities and innovative service models that support patient care and system objectives.

What we will do

- Commercial Capability – establish processes, tools and capacity to support bids, tenders and commercial opportunities
- Income Generation – develop new income streams to improve our financial sustainability
- Collaborative Growth – work with partners to bring care closer to home and reduce reliance on out of area provision

Key Partners

- EMAP partners
- Industry and commercial partners
- Independent sector partners
- ICB and estates partners

What Success Looks Like (Expected Outcomes)

- Increased commercial income and financial resilience
- Successful bids and tenders aligned to Group strategy
- More patients receiving care locally
- Stronger, more sustainable partnerships with Industry

Leadership and Alignment

- Executive Lead: Group Chief Integration Officer
- Strategic Objectives Supported: 1c, 1d, 3a, 3c
- Partnerships Principles: Sustainability & value, Commercial and Economic Value, Innovation & Research

6. Delivering on Our Anchor and Green Responsibilities through Partnership

Purpose:

To maximise LCHG's role as an anchor institution by working with partners to deliver social value, support the local economy, and progress towards net zero.

What we will do

- Social Value and Anchor Impact – embed anchor metrics into performance and procurement processes, support local and regional businesses, including SME's to participate in procurement opportunities
- Green Plan Delivery – deliver green plan commitments through collaborative approaches to sustainability, estates and procurement, strengthen partnerships with academia to support environmental initiatives
- Procurement and Capability – promote sustainable procurement and system wide integration with national frameworks, provide training and support to embed best practice and social value approaches

Key Partners

- NHS and system partners
- Local authorities and public health
- Higher education providers
- Local, regional and national suppliers
- VCFSE organisations

What Success Looks Like (Expected Outcomes)

- Progress towards net zero and reduced carbon footprint
- Increased local employment and supplier spend
- Improved health inequalities outcomes
- Stronger, more sustainable procurement practices

Leadership and Alignment

- Executive Lead: Group Chief Integration Officer
- Strategic Objectives Supported: 1c, 1d, 3a, 3c
- Partnerships Principles: Sustainability & value, Commercial and Economic Value, Innovation & Research

7. Maximising Opportunities through the East Midlands Acute Provider (EMAP) Partnership

Purpose:

To improve equity, quality and sustainability of acute services by collaborating across the EMAP partnership to deliver shared solutions for patients and the system.

What we will do

- Equity and Access – identify opportunities to improve equity of care and outcomes across specialist pathways, reduce unwarranted variation
- Shared Delivery and Resilience – collaborate on sustainable service reviews, workforce and procurement initiatives, provide mutual aid and coordinate improvement networks
- Commercial and Service Opportunities – scope joint commercial and service opportunities where they support patient outcomes and system value

Key Partners

- EMAP Acute Trusts
- ICB and regional partners
- Independent Sector and higher education partners

What Success Looks Like (Expected Outcomes)

- Improved equity of patient access and outcomes
- Reduced service fragility and waiting times
- Improved continuity of care across pathways
- Financial and operational benefits from shared initiatives

Leadership and Alignment

- Executive Lead: Group Chief Integration Officer
- Strategic Objectives Supported: 1a, 1b, 1c, 3a, 3b
- Partnership Principles: Population Health & Equity, Sustainability & Value, Workforce & Capability

Listening and Learning

Successful partnerships depend on trust, collaboration and continuous improvement. We will work closely with patients, communities and partner organisations to understand what is working well, identify opportunities for improvement and ensure that our partnerships continue to deliver meaningful benefits for the people of Lincolnshire.

To speak to one of our team about the Partnership Plan please contact us at ulth.sirtadminsupt@nhs.net

Glossary of terms

Abbreviation/ terminology	In full	Description
Anchor Institution	Anchor Institution	First developed in the US, the term anchor institution refers to large, typically non-profit, public sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve by being a large local employer and having purchasing power.
CQC	Care Quality Commission	CQC is the independent regulator of health services and adult social care in England.
Communities	Communities	Groups of people that are interconnected, by where they live, how they identify or shared interests. They can exist at all levels, from neighbourhood to national, and be loosely or tightly defined by their members.
INW	Integrated Neighbourhood Working	Local network and neighbourhood team arrangements and deliver care closer to home by supercharging joint working across statutory and non-statutory services at a locality level.
Core20PLUS5	Core20PLUS5	Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort and identifies '5' focus clinical areas requiring accelerated improvement.
EMAP	East Midlands Acute Providers	A collaborative of 8 acute providers within the East Midlands including United Lincolnshire Hospitals NHS Trust, Nottingham University Hospitals NHS Trust, Chesterfield Royal Hospital NHS Foundation Trust, University Hospitals of Leicester NHS Trust, Sherwood Forest Hospitals NHS Foundation Trust,

		United Hospitals of Derby and Burton NHS Foundation Trust, Northampton General Hospital NHS Trust and Kettering General Hospital NHS Trust.
HIEM	Health Innovation East Midlands	Established by NHS England in 2013 to spread innovation at pace and scale – improving health and generating economic growth (previously known as East Midlands Academic Health Science Network).
ICP	Integrated Care Partnership	Each ICS is required to have a partnership at system level established by the NHS and local government as equal partners. The ICP is a Joint Committee of the ICB with the local authority, rather than a statutory body. Lincolnshire only has one upper tier local authority, namely Lincolnshire County Council, and as such only has one ICP called the Lincolnshire Integrated Care Partnership.
ICP	Integrated Care Partnership	NHS organisations and upper-tier local authorities in each Integrated Care System convene a joint committee called an ICP. However, the ICP is a broad alliance of partners who all have a role in improving local health, care and wellbeing including social care, VCFSE, education, housing, employment, police and fire services.
ICS	Integrated Care System	Integrated Care Systems (ICSs) are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. The following partners make up the Lincolnshire ICS: East Midlands Ambulance Service NHS Trust (EMAS), Lincolnshire Community and Hospitals Group (LCHG), Lincolnshire Partnership NHS Foundation Trust (LPFT) and Lincolnshire

		County Council (LCC). The Lincolnshire ICS is known as 'Better Lives Lincolnshire'.
INW	Integrated Neighbourhood Working	INW describes a collaborative approach where partners across health, social care, local councils, VCFSE, fire, police etc, work together with local people to deliver improved neighbourhood health by coordinating their efforts and addressing needs holistically within a community. INW aims to break down silos and address complex issues that affect health and wellbeing.
LICB	Lincolnshire Integrated Care Board	The NHS Lincolnshire Integrated Care Board (ICB) is a statutory body which came into being on the 1st July 2022 with the general function of arranging for the provision of services for the purposes of the health service in England in accordance with the Health and Care Act 2022.
Neighbourhood Health	Neighbourhood Health	Neighbourhood Health focuses on improving the overall health and wellbeing of people within a specific local area. It could involve initiatives to promote healthy lifestyles, address local health concerns, and improve access to services.
Personalisation	Personalisation	Represents a different relationship between people, professionals and the health and care system. It provides a positive shift in power and decision making that enables people to have a voice, to be heard and be connected to each other and their communities. Personalised care means people have choice and control over the way their care is planned and delivered. It is based on 'what matters' to them and their individual strengths and needs.
PCN	Primary Care Network	A group of GP practices that collaborate with other local health and social care services to provide integrated care for their community. PCNs are designed to allow practices to offer a wider range of

		services than they could on their own, improve patient access, and better coordinate care by working with community services, social care, mental health, and voluntary organisations. They typically serve communities of 30,000 to 50,000 people.
PCNA	Primary Care Network Alliance	PCNA is a collaborative organisation dedicated to supporting PCNs and GP practices across Lincolnshire. It works to strengthen primary care, drive innovation, and foster partnerships across health and social care to improve patient outcomes and is in the process of becoming a legal entity.
PH	Population Health	The broad goal of improving physical and mental health outcomes, promote well-being, and reduce health inequalities for a group of people or across an entire population.
PHM	Population Health Management	Improves population health through data-driven planning and the delivery of proactive care to optimise health outcomes e.g., using data analysis, risk stratification, and partnerships to proactively design and implement interventions that address specific health issues, reduce inequalities, and improve overall community well-being.
Resilient Communities	Resilient Communities	Community resilience is the sustained ability of communities to withstand, adapt to, and recover from adversity. Health—meaning physical, behavioural, social, and environmental health and wellbeing—is a big part of overall resilience.
SSR	Sustainable Service Review	Services where because of either and/or both sustained demand or capacity drivers there is difficulty meeting statutory targets, national guidance/accreditation or safe levels of staffing (previously referred to as fragile services).
VCFSE	Voluntary, Community,	A diverse sector of non-governmental, non-profit organisations providing services, support, and

	Faith and Social Enterprise Sector	activities within local communities. The sector plays a key role in connecting communities, supporting vulnerable people, and working with public sector bodies like the NHS and local councils to improve health and well-being outcomes.
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